MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10276 62-040343 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED — FILED NOV 1 1962

VS 300
Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	214	Sp.	
3			
4	0		
5	2		
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7	2		
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9			
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11			
12	73-0		
13			

13

BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. ANTHONY HOSP — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY
c. CITY OR TOWN: ST. LOUIS — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 5635 OLEATHA — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First JOSEPH Middle Last HOLZINGER

4. DATE OF DEATH: Month OCT Day 24 Year 1962

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐

8. DATE OF BIRTH: 2-7-1891

9. AGE (last birthday): 71 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FOREMAN

10b. KIND OF BUSINESS OR INDUSTRY: HEIL PACKING

11. BIRTHPLACE (City and state or country): AUSTRIA-HUNGARY

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: MICHAEL HOLZINGER

13b. MOTHER'S MAIDEN NAME: FRANZISKA WEST

14. NAME OF ~~HUSBAND~~ OR WIFE: SUZANNA HOLZINGER (Dec'd)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) N. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: TERESA FRICK — Address: 5635 OLEATHA

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:)

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Carcinoma of Prostate	2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)		
DUE TO (c)	177	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1961 to Oct 1962 and last saw her/him alive on 10-24-62

Death occurred at 10 46 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title) MD — 22b. ADDRESS: 5208 Clayton — 22c. DATE SIGNED: 10-26-62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — 23b. DATE: OCT 27, 1962 — 23c. NAME OF CEMETERY OR CREMATORY: New St. Marcus Cem. — 23d. LOCATION (City, town, or county) (State): St. Louis Mo.

24. FUNERAL DIRECTOR: Thomas Curtis — ADDRESS: 2906 Gravois

25. DATE RECD. BY LOCAL REG.: OCT 26 1962

26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by ______________________________, Student Embalmer No.__________

working under my personal supervision.

Student______________________________ Signed *L. G. Humphrey*
Signature of Student Embalmer

Licensed Embalmer No. *4772*

P. O. Address *2906 Gravois*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.